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stages: First, a premonitory stage, in which the special senses and the imaginative faculties are likely to be exalted; second, a stage of depression or melancholia; third, a transition to mania or melancholia with excitement, or of convulsions, passing on to, fourth, a final stage of dementia.

In the stage of exaltation the patient often suffers from faint hallucinations. A patient with glycosuria on closing his eyes saw all sorts of figures passing before him, such as soldiers and policemen in threatening attitudes; heard music on several occasions. In a case of alcoholic paralysis in a man of 21 when he closed his eyes a bright cloud shone before him and in the midst of it appeared faces which he spontaneously compared to photographs. In this stage there is unreasoning irritability of temper and suspicious disposition. A case illustrative of the melancholic stage was characterized by gloom, sleeplessness, mental agitation, restlessness, vivid but corrigible hallucinations in full light, and in this stage alcoholic cases find a necessity of taking stimulants for taking stimulants on going to bed. When this stage is reached the mind is apt to be chased by a tumultuous tempest of conflicting thoughts and passions which altogether prevent sleep. Ross thinks acute delirium comes on very readily when such melancholic cases begin to indulge in drink; others develop excitement or mania; while a third group manifests certain incapacities for business and are rendered unfitted for attending to their social duties. Such patients become shy and retiring, and cease to mingle in society. This timidity is seen in females who give way to secret drinking, early cease to attend to social duties, refrain from visiting, and their friends find them indisposed. As the disorder increases they become distrustful and suspicious of nearest friends, often accuse their neighbors of circulating scandals about them, or of overt acts of insult. Patients in this stage suffer from dizziness, a feeling of insecurity in walking, and a peculiar disarrangement in their perception of the space relations of surrounding objects, which may be regarded as a hallucination of the muscular sense. Ross quotes De Quincy with regard to this peculiar prolongation of the sense of time and space. In the melancholic stage the patient often suffers from remorse for some past act, often foolish, is timid and filled with thoughts prompting him to commit evil actions. These thoughts often take an erotic turn while at other times they assume the form of suicidal impulses. For the third or maniacal stage Ross refers to Bevan Lewis's text-book. In this stage there are visual hallucinations, vivid and incorrigible, burglars, detectives, men in collusion with their wives, etc. Aural hallucinations now assume the form of distinct voices uttering blasphemous oaths and curses, or are voices of ill-disposed persons intriguing against the patient, or they become commands from heaven or threats from the spirits of darkness. The delusions connected with the lightning like pains and other sensory disorders which the patient suffers are endless.

The last stage of alcoholic insanity is alcoholic dementia.

Ross's description agrees with that of Korsakoff as regards patients stating that they have been out walking, etc., when they have not left their bed.

Toxic Insanity Especially in Relation to Chronic Alcoholism. S. A. GILL.
Medical Times and Circular, May 21, 1890.

Gill defines toxic insanity as caused by the presence in the circulating blood of such poisons as alcohol, opium, chloral, uric acid, lead, and the like. Discusses only alcohol in its remote effect on the nervous system. Divides alcoholic insanity into acute and chronic. The former is mania à potu, melancholia à potu, and delirium tremens. Does not discuss these, but simply calls to mind whether the symptoms they present are

found in chronic alcoholism or chronic delirium tremens, as Maudsley calls it. The symptoms are slow and gradual in their development, yet are preceded by the same premonitory signs. It is popularly thought that whenever the mind gives way from alcoholic excess that delirium tremens must result; this is erroneous as there are hundreds of alcoholic subjects who never have delirium tremens, yet slowly and surely develop nervous symptoms that bring them within the walls of an asylum. No general description of the mental condition in such cases is given; a case of chronic alcoholism is described and the pathology of this disease is given.